

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733847

(8)

1. Corporation Name

SKILLED HEALTH SERVICES, INC.



Principal Place of Business

5603 PALMETTO ROAD  
NEW PORT RICHEY FL 34652  
US

Mailing Address

P.O. BOX 1058  
NEW PORT RICHEY FL 34656-1058  
US

3. Date Incorporated or Qualified  
09/17/1975

3a. Date of Last Report  
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1643392

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

28

Zip

Country

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNOW, ROBERT BRUCE  
112 ORANGE AVE.  
BROOKSVILLE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BELL, R E  
STREET ADDRESS 24 EAST BROAD STREET  
CITY-ST-ZIP BROOKSVILLE FL

TITLE PD ☐ DELETE  
NAME OSTEEN, H.E.  
STREET ADDRESS P.O. BOX 473 N/A  
CITY-ST-ZIP TRENTON FL 32693

TITLE STD ☐ DELETE  
NAME LONG, WILLIAM  
STREET ADDRESS RR #3, BOX 180-C  
CITY-ST-ZIP CHIEFLND FL

TITLE VD ☐ DELETE  
NAME HOPE, PEGGY  
STREET ADDRESS 1515 JUNE AVENUE  
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☐ DELETE  
NAME DEAL, AGNES  
STREET ADDRESS 1912 MOORE DR.  
CITY-ST-ZIP DADE CITY FL

TITLE D ☐ DELETE  
NAME SNOW, BRUCE  
STREET ADDRESS 112 ORANGE AVENUE  
CITY-ST-ZIP BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H.E. Osteen 4/26/96 352 463 2329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

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Skilled Health Services Board of Directors

John Long  
P.O. Box 1879  
Land O Lakes, FL 33539-1879

Agnes Deal  
1912 Moore Drive  
Dade City, FL 33525

R.E. (Gene) Bell  
24 East Broad Street  
Brooksville, FL 34610

Katherine Hirstius  
6736 Beach Blvd  
Hudson, FL 34667

Bruce Snow  
P.O. Box 2060  
Brooksville, FL 34605-2060

Steve Manuel  
200 West North Ave  
Brooksville, FL 34601

Addie Price  
5405 Shaw  
New Port Richey, FL 34652

Peggy Chatman  
1515 June Ave  
Brooksville, FL 34601

Ferd Renninger  
37235 Temple Street  
Zephyrhills, FL 33541

William Long  
RR #3, Box 180-C  
Chiefland, FL 32626

H.E. (Gene) Osteen  
Hwy 129 South  
Trenton, FL 32693

Wilson May  
Rt 2, Box 521-A  
Trenton, FL 32693